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Presentation to the Colorado General Assembly
Opioid and Other Substance Use Disorders Interim Study Committee

July 9, 2019



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Objectives

- Share methods and process for collecting stakeholder input
- Describe characteristics of submissions
- Highlight key stakeholder findings
- Share specific policy recommendations from the Consortium



Stakeholder Process and Methods



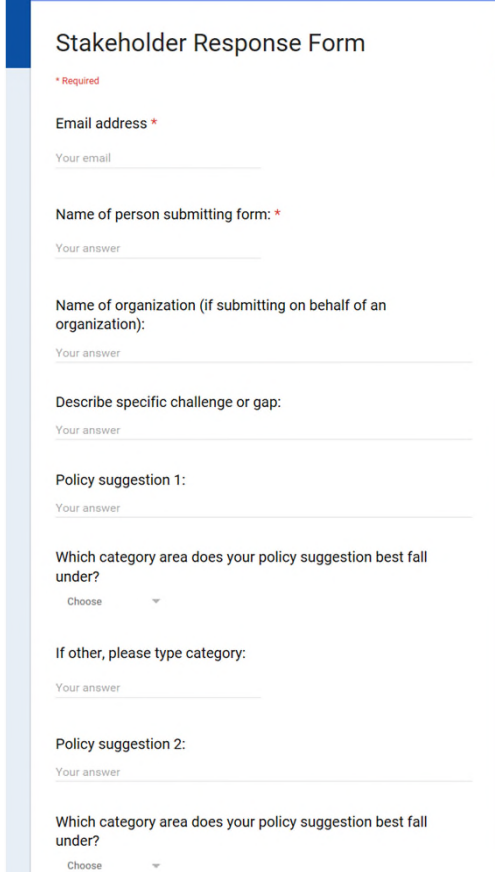
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Stakeholder Process and Methods

- An easy-to-use electronic form and paper form developed and reviewed by Leg Council
- Submission process shared via Leg Council and email distribution lists
- Submission process remained open for a period of two weeks for initial entries



The image shows a screenshot of a web-based form titled "Stakeholder Response Form". The form is set against a white background with a blue header bar at the top. It contains several input fields and labels. The first field is "Email address *" with a red asterisk indicating it is required. Below it is a label "Your email" and an input line. The next field is "Name of person submitting form: *" also with a red asterisk. Below it is a label "Your answer" and an input line. The third field is "Name of organization (if submitting on behalf of an organization):". Below it is a label "Your answer" and an input line. The fourth field is "Describe specific challenge or gap:". Below it is a label "Your answer" and an input line. The fifth field is "Policy suggestion 1:". Below it is a label "Your answer" and an input line. The sixth field is "Which category area does your policy suggestion best fall under?". Below it is a label "Choose" and a dropdown arrow. The seventh field is "If other, please type category:". Below it is a label "Your answer" and an input line. The eighth field is "Policy suggestion 2:". Below it is a label "Your answer" and an input line. The ninth field is "Which category area does your policy suggestion best fall under?". Below it is a label "Choose" and a dropdown arrow.



Binder of All Submissions

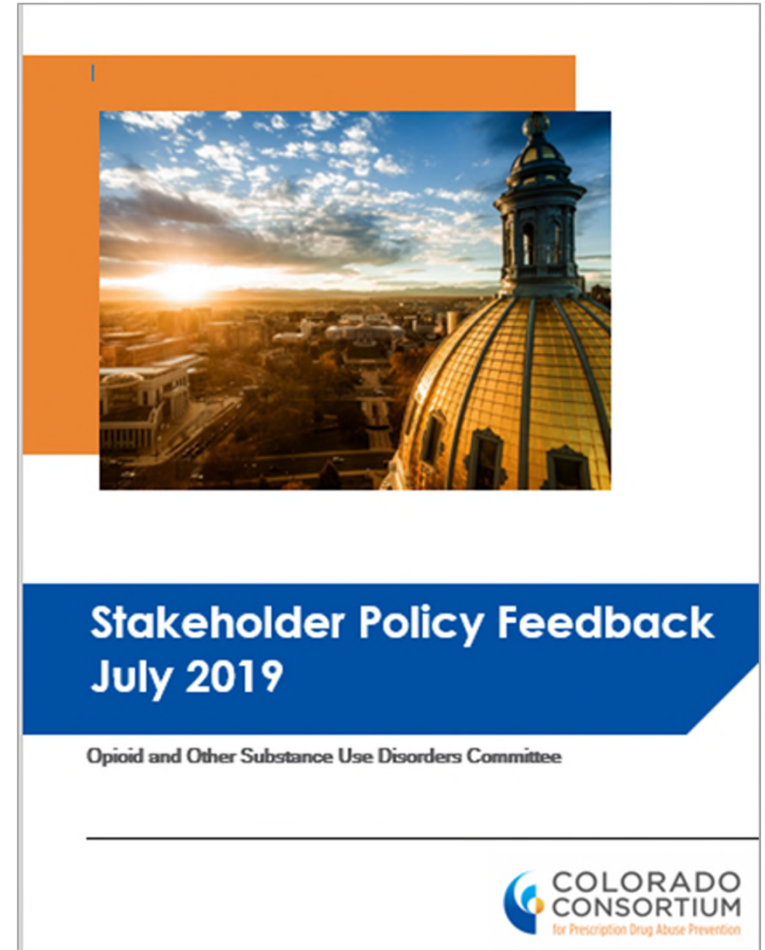


- Detailed, all submissions (550 pgs)
- PDF online sent to emails
 - Includes recs for testimony
 - Includes email/contact info of submitter



Executive Summary

- Easy-to-digest overview
- Highlights key policies by proposed bill title (i.e. Prevention, Treatment etc.)
- Overview of all topics



Topic Specific Weekly Digest

- Topic specific digest
- Will send to email 1 week prior to Committee topic
 - (i.e. next topic to be sent 7/23)
- Can be used to review during meeting

2019 Prevention Stakeholder Input

Opioid & Other Substance Use Disorders Study Committee

For review for the July 9, 2019 Prevention Meeting

Primary Prevention

- Provide direct services funding for primary prevention efforts funding for evidence-based alcohol and drug early intervention (SBIRT, BASICS) in public schools
- Support workforce compensation for prevention workers. Prevention workforce needs to be valued and well-compensated
- Create more funding for early childhood prevention programs with parental involvement
- Provide incentives to encourage use of trauma-informed approach at schools
- Expand home visitation programs
- Add "evidence-based approaches" in the state prevention grant program language in addition to the current "evidence-based programs"

Provider Education

- Physician education and clarification from Department of Regulatory Agencies (DORA) that it is acceptable to prescribe long-term opioids for conditions that cause pain, including people that need more than the recommended MME. This should include the new guidance from the CDC that forced tapering is inappropriate and education about assessments based on functional ability. Assure providers can adequately treat pain, with opiates if necessary, without fear of repercussions.
- Mandate specific, free CME education for all prescribers of opioids on the Department of Health (DOH) website. The program would be developed by pain experts and support the current expert recommendation that opioids should not be used for chronic, non-cancer pain. All prescribers should understand why and what the best alternatives are
- Educate psychiatrists on benzodiazepine prescribing and effective alternatives
- Mandatory training and credentialing for clinicians in Trauma-Informed Therapy
- Expand opportunities for Mental Health First Aid

Treatment of Pain

- Multimodal approach to pain management: decrease initial exposure to opioids; increase access to atypical/safer opioids; increase access to alternatives to opioids
- Review policy options to limit the prescribing of benzodiazepines, particularly with opioids
- Implement consultations via telemedicine such that every primary care has access to consult with a pain management specialist and form a mentoring network system that could also facilitate referrals to specialists as needed



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Characteristics of Submissions



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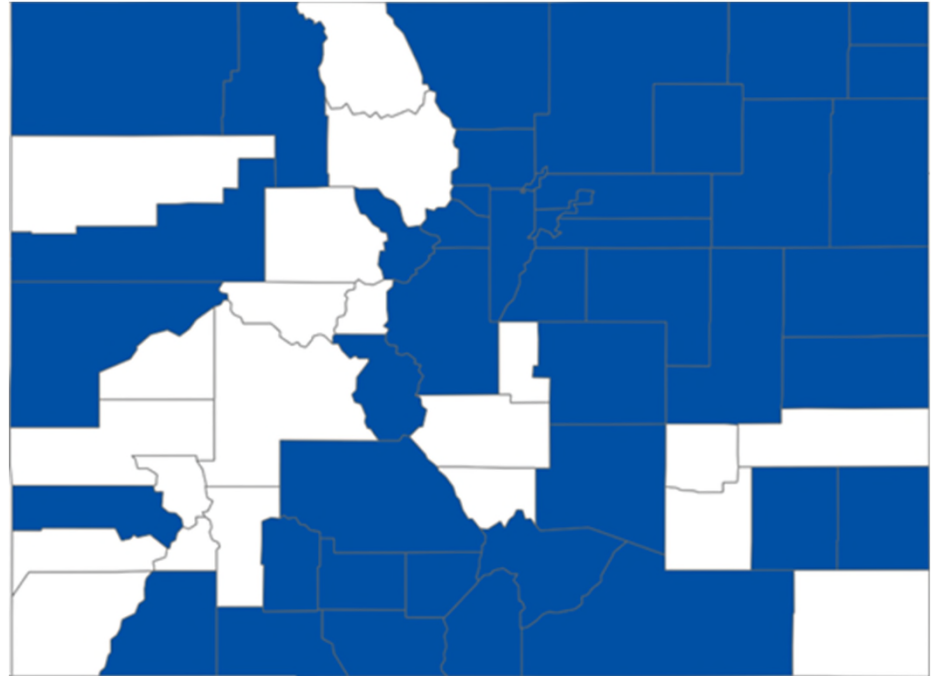
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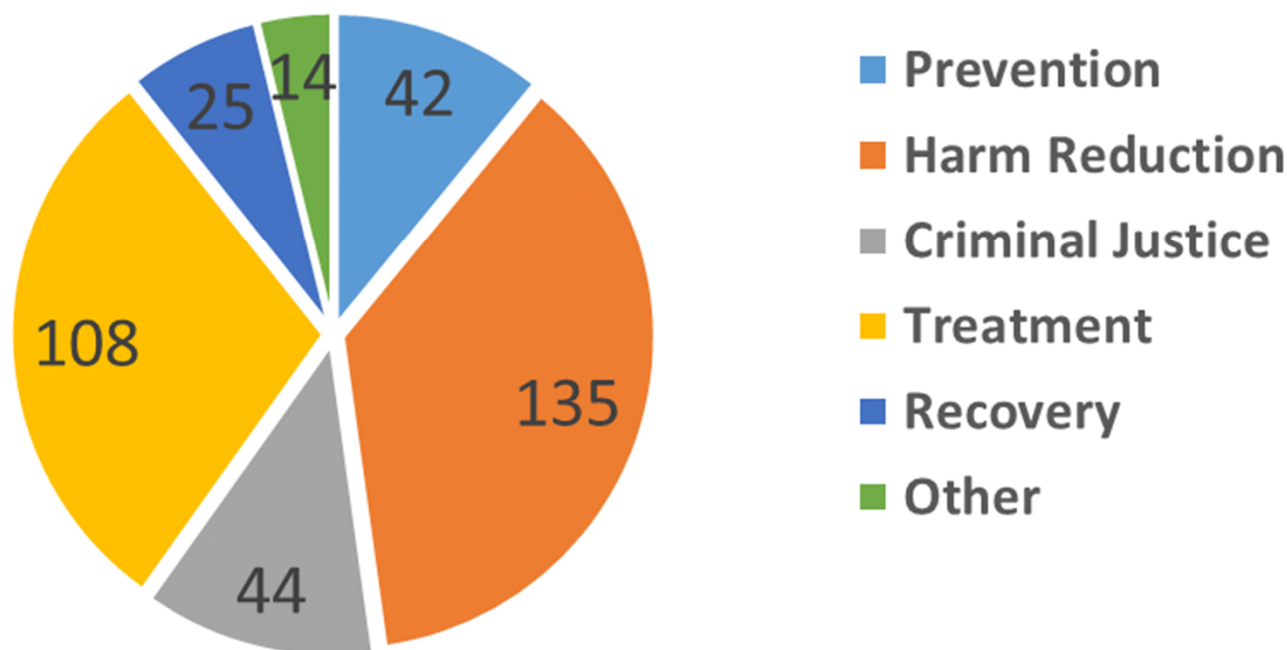
More than 241 Submissions Received

- Representing **232** individuals or groups
- Submissions came from groups or individuals in **47** counties



Representation of Policy Suggestions

Policy Recommendations by Category
(n=369)



Types of Recommendations

CO General Assembly Policy Recommendations

- New Policies
- Amendments to Existing Policies
- Funding Requests
- Payment Reform

Non-COGA Policy Recommendations

- Federal Requests
- Additional Non-Policy Requests



Sampling of Stakeholder Policy Requests

Please review Executive Summary
and binder provided of all
submissions



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Commonly Mentioned Requests

- Gaps in payment reform & insurance coverage
- Novel harm reduction approaches
- Expand treatment access and workforce
- Need for ancillary recovery services (housing, vocational support, peer support, etc.)
- Expand focus beyond opioids to include stimulants, benzos, alcohol and other drugs



Payment Reform Examples

- Develop health plan network adequacy standards for access to a multi-modal approach to care and treatment on demand
- Allow Medicaid-reimbursable peer service delivery
- Require insurers to reimburse hospitals for naloxone
- Develop adequate rate setting methodology to determine appropriate Medicaid reimbursement rates
- Create codes to cover physician oversight of continuous peripheral nerve blocks (CPNB) home infusions



Prevention Examples

- Fund primary prevention, early intervention (i.e. SBIRT in schools), home visitation programs, after-school programs, telemedicine, early childhood programs, etc.
- Review policy options to limit the prescribing of benzodiazepines, particularly concurrently with opioids
- Require screenings for Adverse Childhood Events (ACES) in healthcare and school settings
- Increase access to and funding for non-medication pain treatment options
- Fund local public health implementation efforts



Harm Reduction Examples

- Authorize the establishment of the pilot supervised use site as approved by Denver City Council (most common request)
- Prohibit insurers from discriminating against people who fill naloxone Rx
- Address housing reqs for being free of meth residue
- Amend Children's Code to remove positive tox test at birth as a definition of child abuse or neglect
- Remove Board of Health approval for requirement for starting a syringe access program



Criminal Justice Examples

- Revise SB19-008, Section 7: Require use of methadone, buprenorphine, AND naltrexone in jails
- Allow parole violators to count treatment towards good-time in sentencing
- Require probation to complete SUD training
- Support continuation of Law Enforcement Assisted Diversion (LEAD) in pilot counties
- Address drug criminalization
- Expungement of drug charges under conditions



Treatment Examples

Recommendations have been shared with OBH...

- Scale existing treatment services to provide full continuum of care to all regions
- Amend existing policies (i.e. Office of Behavioral Health Rule 21.210.1.B., revise 27-81 and 27-82)
- Address use of State Block Grant funds and other current funding mechanisms
- Review credentialing requirements, process, and timelines for substance abuse treatment providers



Recovery Examples

- Offer non-restricted grant funding to cover the admin/indirect costs for a peer support program
- Expand options for rural supportive housing
- Create harm reduction based recovery residences
- Reevaluate zoning laws and housing eligibility restrictions for previous drug charges
- Support people in parenting/caregiving role



Common Themes Across Topic Areas

- Expand beyond opioids to include stimulants, benzos, alcohol and other drugs
- Scale existing efforts and programs that are working, to match need
- Address sustainability of successful pilot programs (multi-year funding)



Please Review Stakeholder Feedback Summary and Complete Submissions



Stakeholder Policy Feedback July 2019

Opioid and Other Substance Use Disorders Committee



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Consortium's Specific Policy Recommendations

NOTE – This is not representative of all policy requests received



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Consortium Specific

Policy Recommendations: Prevention

- Expand **public education campaigns** to address nature of addiction, information on benzos, ALTOs
- Expand **provider education** (benzodiazepine, stimulant prescribing; make P.E. competency based)
- Increase **access to and funding for non-medication pain treatment options** like physical therapy, massage, acupuncture, and pain psychology



Consortium Specific

Policy Recommendations: Prevention

- **Integrate** Prescription Drug Monitoring Program (PDMP) into all electronic medical records (EMRs)
- **Give statutory authority to DORA** for discretion as to which drugs are monitored by PDMP
 - e.g., add naloxone and other relevant medications, like gabapentin, SOMA (muscle relaxant), etc.
 - Could use the Consortium (already named in statute as Advisory to DORA on PDMP) to make recommendations; DORA/relevant Boards would have ultimate oversight



Consortium Specific Policy

Recommendations: Harm Reduction

- Scale **funding for harm reduction programs** to match need
- **Require insurers** to pay for **naloxone provided by hospitals** on discharge
- Include **permissive language** into statute for **syringes to be sold** to non-prescription holders by pharmacies
- **Fund incinerator** in CO for disposal of meds in CDPHE safe medication disposal program



Consortium Specific Policy Recommendations: Recovery

- Offer **loan forgiveness** to those seeking certification as **Peer Support Specialists** and **Recovery Coaches**



Questions?

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